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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Conecuh County Commission

Mailing Address:
(Address where check will be mailed) P.O. Box 347
Evergreen, AL 36401

Name of Primary Contact: Stephanie Brown, County Administrator
Direct Telephone Number: 251-578-7001
Email: sbrown@conecuhcounty.us

Name of Secondary Contact: Sharon Brooks, Accts. Payable Clerk
Direct Telephone Number: 251-578-7000
Email: sbrooks@conecuhcounty.us

Approved: \$9,151.40
J. H. Merrill
10/19/20

RECEIVED
13
OCT 1 2020

ALABAMA
SECRETARY OF STATE

Items Requested for Funding

Please complete this section indicating the items or services you will purchase or fund with the COVID-19 pandemic response expenditures. In order to be eligible to receive funds, you must complete all areas in this section. You must attach a quote or invoice for the items requested.

Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
GLF REM-Procedure Mask 50 per bx 28 bx @ \$22.50	\$630.00 APPROVED	Covid-19 Expenditure for November 3, 2020 election
DER 00228 Red Ready Kleen Disinfectant Cleanser 1qt. 28 cans @ \$11.45	BY: _____ DATE: _____ \$320.60 APPROVED	Covid-19 Expenditure for November 3, 2020 election
STR 4003 Exam Glove Vinyl 56 bx @ \$6.25	BY: _____ DATE: _____ \$350.00 APPROVED	Covid-19 Expenditure for November 3, 2020 election
MET PT-KT-85 Paper Towels Kitchen Roll White 30/cs 2 cs @ \$33.40	BY: _____ DATE: _____ \$66.80 APPROVED	Covid-19 Expenditure for Nov 3, 2020 election
TOTAL: \$1367.40 ✓		

Please provide details for each non-repeating item for which you are seeking funding. Make additional pages, if necessary.

Items Requested for Funding

Please complete this section indicating the items or services you will purchase or fund with the COVID-19 pandemic response expenditures. In order to be eligible to receive funds, you must complete all areas in this section. You must attach a quote or invoice for the items requested.

Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
Poll workers 112 @ \$50 <div style="text-align: center; color: blue; font-weight: bold;">APPROVED</div> BY: _____ DATE: _____	\$5600.00	Covid-19 Expenditure for Nov. 3, 2020 Election
Sneeze Guards Voters Choice Privacy Screen Item #1305-01 112 @ \$19.50 <div style="text-align: center; color: blue; font-weight: bold;">APPROVED</div> BY: _____ DATE: _____	\$2184.00	Covid-19 Expenditure for Nov. 3, 2020 Election
TOTAL:	7784.00 ✓	

Please provide details for each non-repeating item for which you are seeking funding.
 Make additional pages, if necessary.

Total Request & Certification

Total Amount of Funding Request
\$ 9,151.⁴⁰/_{xx} ✓

I, _____, in my capacity as Sheriff of _____ County, submit this application for Election Expense Funding related to COVID-19.
(Sheriff shall sign this certification if any requested funding is applicable to the Sheriff)

I, _____, in my capacity as the Judge of Probate of _____ County, submit this application for Election Expense Funding related to COVID-19.
(Judge of Probate shall sign this certification if any requested funding is applicable to the Judge of Probate)

I, _____, in my capacity as the Absentee Election Manager of _____ County, submit this application for Election Expense Funding related to COVID-19.
(Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager)

I, Leonard Millender, in my capacity as Chair/President of Conecuh County Commission, submit this application for Election Expense Funding related to COVID-19 for the aforesaid county.

By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge, that all state purchasing and/or bid laws and/or local purchasing regulations have been strictly followed related to the proposed purchase(s), that the amount for which I am seeking funding will be spent only on items or services in this application and that no individual or company for which funding will be spent has been suspended or debarred from access to federal funds.

I acknowledge that any misrepresentation of truth or accuracy may require that all grant monies awarded to the county be returned to the Alabama Secretary of State's Office or the United States Election Assistance Commission and that any other penalties provided by Federal and State law may apply.

Name of County: Conecuh
Signature of Chair/President of the County Commission: Leonard Millender
Date: Sept. 30, 2020

SWORN AND SUBSCRIBED before me on this 30th day of September, 2020.

MY COMMISSION EXPIRES the 23rd day of January, 2021.

My Commission Expires 01/23/2021
Cynthia Renee Lee
(SEAL) SIGNATURE OF NOTARY PUBLIC

(NOTARIZATION REQUIRED ONLY FOR CHAIR/PRESIDENT OF COUNTY COMMISSION)